5855 Orthopedic Table Top, 500lb*
Preventative Maintenance (PM) Checklist
Work Instruction Number 50603-03

Contact Information:

Date: _____Model/Serial#: _____ Account #: _____

Hospital Name: _____ City & State: _____

Contact Name: _____ Position: _____ Phone: _____

Equipment Location: _____

Service Representative: _____ Service Organization: _____

Service Rep. phone: _____ Home location: _____

Customer contact accepting service: _____ _____ _____
Name please print Signature Date

Service Representative: _____ _____ _____
Name please print Signature Date

***This document applies to the current 500-pound top only.** The older 400-pound, "one-piece" top is slightly different. Please call OSI Technical Service for details.

Using this report: Please proceed through each step and place an "x" in the "( )" as each item representing Pass Fail ( ) ( ) criteria is inspected. If a step has failed, please indicate with an "x" and note the reasons in the comments section. If you resolve the failure place an "x" in the "Pass" area and indicate the corrective action again in the comments section. If you are unable to perform any Pass/Fail check, please contact Mizuhosi Technical Services for assistance and circle the check

Biohazards when servicing equipment: Please take appropriate precautions for servicing potentially biohazard contaminated equipment or working in biohazard surroundings. Please wear protective surgical gloves and log sleeved gowns at all times. If your gloves or protective clothing tears, replace immediately. Have the hospital staff clean the equipment appropriately prior to servicing. Clean your tools that may become contaminated with biohazards prior to placing back in your tool kit for removal from the location. If you suspect biohazards are present do not handle until they have been cleaned.

(If serviced by an outside service organization, the record must be reviewed, signed, and dated by Technical Services Dept. Refer to last page of this document).

Tools Required:

Cotton swabs

Lubricant, silicon, spray

Grease, Lithium bases, white, multi-purpose

Documents Required:

5855 Orthopedic Table User Guide – NW0516

Pass Fail

1. General Overall Condition.

1.1 ☐ ☐ Top is clean, without signs of hazardous contamination and is consistent with proper care.

Comments: _____

1.2 ☐ ☐ Labels are intact and legible.

Comments: _____

2. Table Top Inspection.

2.1 ☐ ☐ Carbon fiber is free of wear, cracks, delamination or splinters. Particular inspection is required of the side rail-to-top joint. Joint is securely bonded without voids, cracks, or separation.

Comments: _____

2.2 ☐ ☐ Side rail is free of cracks, delamination, splinters, or wear.

Comments: _____

2.3 ☐ ☐ Perineal Post carbon fiber attachment socket “saddle” is secure and free of cracks.

Comments: _____

2.4 ☐ ☐ Attachment Handles at head-end and foot-end are secure and functional.

Comments: _____

2.5 ☐ ☐ Auxiliary Spar Lock Inspection (located midway on underside of top):
Attachment bolts for carbon fiber “platform” and “foot-end spar” are secure with alignment paint intact.
Lock Handles are operational.

Comments: _____

3. Traction Arc Inspection.

3.1 ☐ ☐ Traction Arc attaches to the foot-end of a modular base securely with attachment crossbar pins properly seated and Locking T-pin inserted.

Comments: _____

3.2 ☐ ☐ Traction Mount Centering Lock (bullet-nosed t-handle) tightens easily and is not bent evidence of Traction Arc transfer not properly supported).

Comments:_____

4. Standard Components Inspection.

Note: Inspect each item, pad (s), and hardware for condition and proper operation.

4.1 ☐ ☐ Patient Transfer Board

Comments:_____

4.2 ☐ ☐ "A"G.M. Board, Left

Comments:_____

4.3 ☐ ☐ "B" G. M. Board, Right

Comments:_____

4.4 ☐ ☐ "F" Center Support Board

Comments:_____

4.5 ☐ ☐ "J" Iliam Post

Comments:_____

4.6 ☐ ☐ "K" Lateral Perineal Post

Comments:_____

4.7 ☐ ☐ "L" Tibial Support Upright

Comments: _____

4.8 ☐ ☐ "M" Tibia Counter – Traction Post

Comments: _____

4.9 ☐ ☐ "V" Traction Unit Upright, Left

Comments: _____

4.10 ☐ ☐ "W" Traction Unit Upright, Right

Comments: _____

4.11 ☐ ☐ "DD" Leg Board

Comments: _____

4.12 ☐ ☐ "EE" Lower Leg Support

Comments: _____

4.13 ☐ ☐ "S-1" Perineal Post, Child

Comments: _____

4.14 ☐ ☐ "R-1" Perineal Post, adult

Comments: _____

4.15 ☐ ☐ "SS Cross Arm Support

Comments: _____

4.16 ☐ ☐ "RR" Pivoting Arm Board

Comments: _____

This section is for Technical Services use only.

Reviewed: _____ Signature: _____ Date: _____